#### **COMMUNITY BENEFITS REPORTING FORM**

Pursuant to RSA 7:32-c-l

## FOR FISCAL YEAR BEGINNING 04/01/2015

to be filed with:
Office of the Attorney General
Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397
603-271-3591

#### **Section 1: ORGANIZATIONAL INFORMATION**

**Organization Name Central New Hampshire VNA & Hospice** 

**Street Address 780 North Main Street** 

City Laconia County 01 - Belknap State NH Zip Code 3246

Federal ID # -20324948 State Registration # 1572

Website Address: www.centralvna.org

Is the organization's community benefit plan on the organization's website? Yes

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

**IF NO,** please complete and attach the Initial Filing Information Form.

**IF YES,** has any of the initial filing information changed since the date of submission? No IF YES, please attach the updated information.

**Chief Executive:** Margaret Franckhauser 6035248444 mf@centralvna.org

**Board Chair**: William Schwidder 6035248444

wschwidder@metrocast.net

**Community Benefits** 

Plan Contact: Margaret Franckhauser -6035248444 mf@centralvna.org

Is this report being filed on behalf of more than one health care charitable trust? No

**IF YES,** please complete a copy of this page for each individual organization included in this filing.

#### **Section 2: MISSION & COMMUNITY SERVED**

Mission Statement: The mission of Central New Hampshire VNA & Hospice is to promote dignity, independence and well-being through the delivery of quality home health, hospice and community based care service.

Has the Mission Statement been reaffirmed in the past year (RSA 7:32e-I)? Yes

Please describe the community served by the health care charitable trust. "Community" may be defined as a geographic service area and/or a population segment.

Service Area (Identify Towns or Region describing the trust's primary service area): The service area of Central New Hampshire VNA & Hospice includes all the towns of Belknap County and those of Southern Carroll County. In the pediatric program, services extend by contract to all communities in Carroll County. Staff are deployed from one of two offices embedded in the communities served. The central office is located in Laconia, and the branch office is located in Wolfeboro on the grounds of Huggins Hospital.

Service Population (Describe demographic or other characteristics if the trust primarily serves a population other than the general population):

The agency provides services to those who require health care interventions in their place of residence if the client's needs can be met safely in that environment. In our agency's case, the term "residence" may refer to a private home, a group home, a residential care facility or a nursing home. Pediatric health, education and support services may also be provided in community locations such as schools and child care centers. Services are focused on hands on health care and support and health education for those recovering from acute illness or managing a chronic illness at home. Care can be curative, restorative or adaptive and is focused on the unique needs of the individual in their residential setting. The agency works to allow clients and their families and other natural supports to become as independent as possible in managing the disease and maximizing function within the context of the health related issue.

Services include professional registered nurses, physical, occupational and speech therapists, licensed nursing assistants (home health aides), social workers, spiritual care coordinators, bereavement counselors and volunteers.

The agency receives referrals from community and remote healthcare and social support providers including hospital discharge planners, community care coordinators, nursing home personnel, physician and APRN practices, schools and social support networks. In order to qualify for service, the agency requies that the individual have a home or primary residence in which healthcare services can be safely provided and the individual is likely to demonstrate medical or functional benefit from the receipt of services. In addition, the payors for services impose other qualifying restrictions based on the service requested and the benefit package available to the beneficiary.

Because of the community demographics and the license required for the provision of services, the agency focuses much of its resource on the aging who carry a large burden of disease and on

young, "fragile families" - families who are dealing with issues of poverty, low education and employment, teenage pregnancy, periodic homelessness, serious childhood illness, domestic violence and substance abuse. The goal of services to young families is to stabilize the families and assist them in developing reliable, solid supports so that they can become healthy places for young children to learn and develop. Both Belknap and Carroll Counties have a higher percentage of elders than the state and both have a high proportion of of young families who live at or below the federal poverty level.

The target population of Central New Hampshire VNA & Hospice includes those who have been discharged from an acute care facility or rehabilitation center, persons with chronic disease who have acute exacerbations or complications of their disease, individuals of any age at the end of life when attempts to achieve cure of disease are no longer feasible and fragile familes - families with social or medical risk who have young children. In some cases, eligibility criteria must be met before services can be accessed.

The agency serves all ages from birth to death in three programs: home health, hospice and pediatric (young family) care. In addition, the agency provides a number of population health services within the community - services designed to identify early illness or to prevent illness in large segments of society. Specifically, the agency provided adult and pediatric vaccine clinics as well as blood pressure screening clinical and foot care clinics for the elderly.

It should be noted that the agency participates actively with two regional public health efforts intended to improve healthcare access, implement healthy practices and conduct emergency preparedness among the communiteis of Southern Carroll and Belknap counties. On the eastern side of Lake Winnipesaukee, the agency participates in the Carroll County Regional Public Health Network, and on the western side, the agency participates with the Winnipesaukee Regional Public Health Network.

Because the agency crosses two hospital services areas (HSAs) - that of Huggins Hospital in Wolfeboro and LRGHealthcare in Laconia, we participated in two community health assessment and planning projects. On the eastern side of Lake Winnipesauke, we participated with Huggins Hospital in producing the 2013 Community Health Assessment and Plan, and on the western side of the lake, the agency participated with the LRGHealthcare plan, released in late 2014. In reviewing the results of both assessments, agency leaders noted similarity in the health priorities of both communities and we combine those rankings for use in this report.

Impact of the ACA: Although the Affordable Care Act was passed by Congress in 2010, the relevant elements of the act did not become effective until 2014. During this past year, the agency saw an increase in the number of patients with health insurance coverage. Paradoxically, the agency also extended charity to a greater number of individuals because of high deductibles and co-payment responsibilities under the new insurance products. We saw that many of those who purchased insurance on the Healthcare Exchange enrolled in products with low premiums but high deductibles. When illness strikes, the deductible must be paid out of pocket before the insurance coverage begins; thus, we found a significant number of clients continued to request some degree of charity care in spite of health care coverage.

### **Section 3: COMMUNITY NEEDS ASSESSMENT**

In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan?

2014 (Please attach a copy of the needs assessment if completed in the past year)

Was the assessment conducted in conjunction with other health care charitable trusts in your community? Yes

Based on the needs assessment and community engagement process, what are the priority needs and health concerns of your community?

	NEED (Please enter code # from
	attached list of community needs)
1	400
2	507
3	370
4	121
5	100
6	503
7	430
8	603
9	300

What other important health care needs or community characteristics were considered in the development of the current community benefits plan (e.g. essential needs or services not specifically identified in the community needs assessment)?

	NEED (Please enter code # from
	attached list of community needs)
A	420
В	601
С	526
D	501
Е	361
F	125
G	999

Please provide additional description or comments on community needs including description of "other" needs (code 999) if applicable. *Attach additional pages if necessary*: 999 - Other refers to end of life care and palliative care offered to those who are dealing with serious chronic illness and for whom treatment creates symptoms requiring adjustment or management and those for whom treatment is not feasible.

### **Section 4: COMMUNITY BENEFIT ACTIVITIES**

Identify the categories of Community Benefit activities provided in the preceding year and planned for the upcoming year (note: some categories may be blank). For each area where your organization has activities, report the past and/or projected unreimbursed costs for *all* community benefit activities in that category. For each category, also indicate the *primary* community needs that are addressed by these activities by referring to the applicable number or letter from the lists on the previous page (i.e. the listed needs may relate to only a subset of the total reported costs in some categories).

A. Community Health Services	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Community Health Education	1 5 B	\$12,300.00	\$10,000.00
Community-based Clinical Services	5 C D	\$13,160.00	\$13,000.00
Health Care Support Services	G D 9	\$17,880.00	\$18,000.00
Other:			

B. Health Professions Education	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Provision of Clinical Settings for Undergraduate Training	C 5 G	\$10,420.00	\$13,000.00
Intern/Residency Education	C G Other	\$2,400.00	\$3,000.00
Scholarships/Funding for Health Professions Ed.	D C 5	\$7,412.00	6,000.00
Other: Clear Path Mental Health	2 1 5	\$11,000.00	

C. Subsidized Health Services	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Type of Service: Pediatric & Young Family	B 9 E	\$64,216.00	\$90,000.00
Type of Service: Home Health & Telehealth	C 5 4	\$142,864.00	\$140,000.00
Type of Service: Hospice & Palliative Care	G 5	\$138,321.00	140,000.00
Type of Service:			
Type of Service:			

D. Research	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Clinical Research			
Community Health Research	D C 5	\$3,520.00	4,000.00
Other:			

E. Financial Contributions	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Cash Donations	7 B	\$1,000.00	\$1,000.00
Grants			
In-Kind Assistance	В 7	3,050.00	3,000.00
Resource Development Assistance			

F. Community Building Activities	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Physical Infrastructure Improvement			
Economic Development	7 D	\$500.00	\$500.00
Support Systems Enhancement	7 B	\$1,400.00	\$500.00
Environmental Improvements			
Leadership Development; Training for Community Members	1 C 3	\$565.00	\$300.00
Coalition Building	1 2 9	\$11,525.00	\$12,000.00
Community Health Advocacy	5 E C	\$3,000.00	3,000.00

G. Community Benefit Operations	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Dedicated Staff Costs	1 7 D	\$1,000.00	\$1,000.00
Community Needs/Asset Assessment	1 7 D	\$600.00	\$200.00
Other Operations			

H. Charity Care	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Free & Discounted Health Care Services	C 6 7	\$37,034.00	\$35,000.00

I. Government-Sponsored Health	Community		ınity	Unreimbursed Costs	Unreimbursed Costs
Care	Need			(preceding year)	(projected)
	Addressed		sed		
Medicare Costs exceeding reimbursement	5	C	D	\$85,140.00	\$90,000.00
Medicaid Costs exceeding reimbursement	5	7	В	\$136,484.00	140,000.00
Other Publicly-funded health care costs exceeding reimbursement					

# Section 5: SUMMARY FINANCIAL MEASURES

Financial Information for Most Recent Fiscal Year	Dollar Amount
Gross Receipts from Operations	\$7,601,026.00
Net Revenue from Patient Services	\$7,213,475.00
Total Operating Expenses	\$7,653,102.00
Net Medicare Revenue	\$5,976,483.00
Medicare Costs	\$6,061,623.00
Net Medicaid Revenue	\$279,109.00
Medicaid Costs	\$413,593.00
Unreimbursed Charity Care Expenses	\$37,034.00
Unreimbursed Expenses of Other Community Benefits	\$667,757.00
Total Unreimbursed Community Benefit Expenses	\$704,791.00
Leveraged Revenue for Community Benefit Activities	\$474,036.00
Total Community Benefits including Leveraged Revenue for Community Benefit Activities	\$1,175,827.00

**Section 6: COMMUNITY ENGAGEMENT** in the Community Benefits Process

List the Community Organizations, Local Government Officials and other Representatives of the Public consulted in the community benefits planning process. Indicate the role of each in the process.	Identification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
LRGHealthcare Office of Community Affairs	$\boxtimes$	$\boxtimes$	$\boxtimes$	
Lakes Region partnership for Public Health	$\boxtimes$	$\boxtimes$	$\boxtimes$	
3) Winnipesaukee Public Health Council	$\boxtimes$	$\boxtimes$		$\boxtimes$
4) Huggins Hospital	$\boxtimes$	$\boxtimes$	$\boxtimes$	
5) Carroll County Public Health Coaltion		$\boxtimes$		$\boxtimes$
6) Genesis Behavioral Health	$\boxtimes$	$\boxtimes$	$\boxtimes$	
7) HealthFirst Family Care Center	$\boxtimes$	$\boxtimes$	$\boxtimes$	
8) Caregivers Support Group - Laconia	$\boxtimes$			
9) Meredith, Center Harbor and Sandwich Community Caregivers				
10) Spiritual Care Committee of the Lakes Region	$\boxtimes$			
11) Friendship Club				
12) Laconia School District	$\square$			
13) Meredith School District	$\boxtimes$			
14) Town of Gilford Welfare Services	$\boxtimes$			
15) Lakes Region Community Services		$\boxtimes$		
16) Central New Hampshire VNA & Hospice				
17)				
18)				
19)				
20)				
21)				
22)				
23)				
24)				
25)				

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary): This agency works with two community health assessment and planning groups - one centered in Belknap County addressing the LRGH Healhcare Hospital Service area (HSA) and one centered in Southern Carroll County addressing the Huggins Hospital HSA. In the latter service area, the hospital and the VNA participated together in a review of community data drawn from both internal and external sources. The external sources are published reports of bhealth and social statistics from the area and concentrate on the types of services that are available in the geographic reagion. The internal sources include an analysis of Emergency room visits and diagnoses, analysis of hospitalizations and an analysis of patients covered by the hospital owned practices. TheHuggisn Hospital report was released in 2013 to the community at large.

In Belknap County, the process was led by LRGHealthcare which owns and operates both the Lakes Region and Franklin Hospital. They were joined by a variety of partners from the health and social services community who paired LRGHealthcare internal and survey data with data identified by the Lakes Region Partnership for Public Health Data Collaborative. The group initially convened in 2012 to conduct a comprehensive community health and needs assessment using focus groups, key informant interviews and local and regional data sets including information fromt eh state Office of Vital Records, the NH Children's Alliance, regional police and safety data, emergency room visit data and many other published sources with data to contribute to the project. The hard data was compared to the soft data obtained through focus groups and key informant interviews. Ultimately, the data was then matched to survey data collected by the hospital and funneled into two documents: the Health Assessment and the Regional Health Report Card.

Data was shared with community leaders, community service groups, schools, healthcare providers, elected officials, safety officials and others to inform decision making.

# **Section 7: CHARITY CARE COMPLIANCE**

Please characterize the charity care policies and procedures of your organization according to the following:	YES	NO	Not Applicable
The valuation of charity does not include any bad debt, receivables or revenue	$\boxtimes$		Пррпсавіс
Written charity care policy available to the public	$\boxtimes$		
Any individual can apply for charity care	$\boxtimes$		
Any applicant will receive a prompt decision on eligibility and amount of charity care offered			
Notices of policy in lobbies	$\boxtimes$		$\boxtimes$
Notice of policy in waiting rooms			$\boxtimes$
Notice of policy in other public areas	$\boxtimes$		
Notice given to recipients who are served in their home	$\boxtimes$		

#### List of Potential Community Needs for Use on Section 3

- 100 Access to Care; General
- 101 Access to Care; Financial Barriers
- 102 Access to Care; Geographic Barriers
- 103 Access to Care; Language/Cultural Barriers to Care
- 120 Availability of Primary Care
- 121 Availability of Dental/Oral Health Care
- 122 Availability of Behavioral Health Care
- 123 Availability of Other Medical Specialties
- 124 Availability of Home Health Care
- 125 Availability of Long Term Care or Assisted Living
- 126 Availability of Physical/Occupational Therapy
- 127 Availability of Other Health Professionals/Services
- 128 Availability of Prescription Medications
- 200 Maternal & Child Health; General
- 201 Perinatal Care Access
- 202 Infant Mortality
- 203 Teen Pregnancy
- 204 Access/Availability of Family Planning Services
- 206 Infant & Child Nutrition
- 220 School Health Services
- 300 Chronic Disease Prevention and Care; General
- 301 Breast Cancer
- 302 Cervical Cancer
- 303 Colorectal Cancer
- 304 Lung Cancer
- 305 Prostate Cancer
- 319 Other Cancer
- 320 Hypertension/HBP
- 321 Coronary Heart Disease
- 322 Cerebrovascular Disease/Stroke
- 330 Diabetes
- 340 Asthma
- 341 Chronic Obstructive Pulmonary Disease
- 350 Access/Availability of Chronic Disease Screening Services
- 360 Infectious Disease Prevention and Care; General
- 361 Immunization Rates
- 362 STDs/HIV
- 363 Influenza/Pneumonia
- 364 Food borne disease
- 365 Vector borne disease

- 370 Mental Health/Psychiatric Disorders Prevention and Care; General
- 371 Suicide Prevention
- 372 Child and adolescent mental health
- 372 Alzheimer's/Dementia
- 373 Depression
- 374 Serious Mental Illness
- 400 Substance Use; Lifestyle Issues
- 401 Youth Alcohol Use
- 402 Adult Alcohol Use
- 403 Youth Drug Use
- 404 Adult Drug Use
- 405 Youth Tobacco Use
- 406 Adult Tobacco Use
- 407 Access/Availability of Alcohol/Drug Treatment
- 420 Obesity
- 421 Physical Activity
- 422 Nutrition Education
- 430 Family/Parent Support Services
- 500 Socioeconomic Issues; General
- 501 Aging Population
- 502 Immigrants/Refugees
- 503 Poverty
- 504 Unemployment
- 505 Homelessness
- 506 Economic Development
- 507 Educational Attainment
- 508 High School Completion
- 509 Housing Adequacy
- 520 Community Safety & Injury; General
- 521 Availability of Emergency Medical Services
- 522 Local Emergency Readiness & Response
- 523 Motor Vehicle-related Injury/Mortality
- 524 Driving Under Influence
- 525 Vandalism/Crime
- 526 Domestic Abuse
- 527 Child Abuse/Neglect
- 528 Lead Poisoning
- 529 Work-related injury
- 530 Fall Injuries
- 531 Brain Injury
- 532 Other Unintentional Injury

- 533 Air Quality
- 534 Water Quality
- 600 Community Supports; General
- 601 Transportation Services
- 602 Information & Referral Services
- 603 Senior Services
- 604 Prescription Assistance
- 605 Medical Interpretation
- 606 Services for Physical & Developmental Disabilities
- 607 Housing Assistance
- 608 Fuel Assistance
- 609 Food Assistance
- 610 Child Care Assistance
- 611 Respite Care
- 999 Other Community Need